

proper Section Secretaries concerning submission of articles they have in mind.

Members who also desire to present exhibits or films should write to the Association Secretary, giving all helpful information about them. Those who have had films made on medical and surgical studies will do well to send to the Committee* the necessary data, so that arrangements may be made, if possible, for proper allocation of exhibit space or for presentation in the cinema booth, on certain days and at definite hours, of the photographs available. Prompt coöperation in these matters will be appreciated, since it will aid in making the 1939 annual session, to be held at Del Monte on May 1-4, one of the most profitable and enjoyable of all series of meetings.

Finally, members are urged to make their plans now for attendance, since problems of vital importance to medical practice in California will come up for serious consideration.

ON GRAND JURY INTERPRETATIONS OF MEDICAL ETHICS

Laymen Find It Difficult to Interpret Professional Ethics.—Physicians often find it difficult to explain to themselves the seeming incapacity of many of the laity and their organizations to understand why it is necessary for the medical profession, in its efforts to promote and maintain proper medical and hospitalization standards, to lay down very definite rules for its disciples and their institutions.

Come now, recently, some of the governmental agencies, in different sections of the country, who so misinterpret the basic reasons for the qualifications and restrictions of membership in county medical societies and on hospital staffs, that the federal antitrust laws are brought forward to make demands for changes that are little else than trade rules for admittance to membership.

* * *

County Society Membership.—Consider, first, this matter of membership, in a component county medical society. Physicians are part of a learned profession which, through its own efforts and at great effort, in most commonwealths of the Union has been able to have inserted into many state medical practice acts, educational qualifications in harmony with those maintained by the approved medical schools of the United States. To do this, however, has meant recurrent battles in almost every legislative session. Take, for example, our own State of California: from the very beginning, we have been forced to give battle to those who would lower those standards of professional training, so necessary to observe and live up to, if the public health is to be properly safeguarded.

Each of the component county societies, that make up the California Medical Association, accepts only those physicians who have had qualifications that permitted them to take and pass an examination by the Board of Medical Examiners

of the State of California. But more than that is really necessary because, in one sense, a component county medical society can do its work to best advantage, provided its members have not only the educational background of proper standards, but possess also other attributes that make them harmonious and desirable units in the organization.

Physicians are an educated group of citizens, and they do not find it advantageous, for professional advancement or pleasant fellowship, to be associated with persons of deficient professional attainments, or who, because of certain character or temperamental attributes, are uncongenial. Such individuals have the right to practice the healing art, in so far as laws give them authority, but they certainly have no right legally to demand admission to membership in an organization in which harmonious outlook on mutual scientific, economic and other problems is necessary, if the organization is to do its work to best advantage. Likewise, as in similar organizations, when an individual who has been admitted engages in activities out of harmony with the organization, he might well resign. It is not to be wondered at, under such conditions, that steps have been taken to secure expulsion from membership, when violation of constitution and by-laws has been demonstrated on the part of such individuals.

* * *

Hospital Staffs.—So also as regards hospital staffs. The modern-day standards of hospital practice were voluntarily brought into being by physicians, in conjunction with the Council on Medical Education and Hospitals of the American Medical Association and of the American College of Surgeons. In hospital practice there is a very intimate personal association between members of a learned profession. The hospital also represents a certain amount of capital investment and, in proportion as it has a staff of harmonious attending physicians and surgeons, is able to that degree to give a better type of service to the patients who seek admission. Physicians who are inharmonious elements, as staff members of high standard hospitals, are not prevented from taking their patients to other hospitals. They are simply denied the right to lower the tone and service of hospitals, whose attending staffs look upon them as uncongenial elements. Such individuals should ask themselves the question: What is wrong with me? and what am I doing that makes other physicians wish to avoid intimate professional affiliation with me?

* * *

Advent of the Antitrust Law Argument.—Thoughts such as the above could be elaborated, did space permit. It is strange, in one sense, that there should now come, at the special instance of certain members of the legal profession, the promulgation of the doctrine, that the rules which physicians have laid down for themselves, in their efforts to provide high educational and other standards for medical licensure and hospital staff membership, are one and the same, with certain provisions on the statute books, placed there in

* Names of the State Committee appear in the roster on advertising page 2; and of Section secretaries on advertising page 6.

years gone by, and designed to prevent restraint in trade; and that demand is now made that these practices of a learned profession, of such excellent purpose, must be discontinued because they are a violation of the trade antitrust laws!

It will be interesting to note the outcome of some of these recent events, so prominently colored in the generous publicity that has been given thereto. Here also, it may be well to wait and see.*

POSTGRADUATE CLINICAL CONFERENCES

Tentative Plans for Spring Postgraduate Conferences.—In previous issues of CALIFORNIA AND WESTERN MEDICINE attention was called to the postgraduate brochure which appeared as a supplement to the October issue of CALIFORNIA AND WESTERN MEDICINE. The subject is again brought forward as a reminder to component county societies to appoint local committees on postgraduate courses, with whom the California Medical Association Committee on Postgraduate Activities, in proper time, may correspond, when itineraries of the visiting speakers and clinicians are being formulated.

A tentative plan, now under consideration, contemplates the formation of a number of visiting teams, one for the northern counties, one for the central valley region, and a third for the southern portion of the state. If proper coöperation is given, it may be possible to have a different team go out, once each month for, say, a series of three months, holding one or two-day clinics in several cities, each team making its circuit in about one week, whereby each month a different group of topics would be presented. Such a series of meetings could be made of great interest and real value.

Program committees of county societies are requested to keep these plans in mind. With proper coöperation it should be possible to at least try out these proposals. Correspondence with the Association Secretary, who is also the secretary of the Committee on Postgraduate Activities, is invited.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 35.

* Apropos of the above, the attention of readers is directed to some press clippings which appear in this issue, on pages 70-74.

The selection of activities to be carried on within each state has been left largely to the state health departments. Each state health officer has the privilege of originating such plans as he may consider best for his state. While these plans must be submitted to the Public Health Service for approval before they become effective and before the payment of federal funds may be made, it has been the policy of the Public Health Service to give its approval to any plan that may be considered scientifically sound and which gives promise of an adequate return on the investment.—C. E. Waller, United States Public Health Service.

EDITORIAL COMMENT†

THE IDENTIFICATION OF FUNGI CAUSING DISEASE IN CALIFORNIA*‡

Molds play a definite rôle in the production of disease and, in recent years, have received increased recognition. This is particularly true in California, where the incidence of Coccidioidal infection directs attention to pathogenic fungi. The symptoms and signs of fungous diseases are complex and beyond the scope of this paper. There are, however, certain biologic aspects of fungous diseases that merit attention. These aspects are not only interesting from the standpoint of biology, but they raise questions that are of practical importance to the physician and to the public health official. Considering Coccidioidal granuloma specifically, but with fungous diseases generally in mind, there are three questions to which your attention is directed:

First: How are the infections acquired, and how do the organisms maintain themselves?

Second: How do the fungi behave in culture solutions, as compared with other type of pathogenic organisms?

Third: How reliable are skin tests, complement-fixation reactions or other serologic procedures for diagnosis?

Considering the first question: How are infections acquired? Practically all infections are chance infections. We do not see epidemics of fungous diseases as we do in microbial and virus infections. The microbial and virus diseases maintain themselves through the agency of hosts or infection chains. Tetanus and botulism, however, are exceptions to this rule. The agents of fungous diseases are not true parasites, but are "pathogenic saprophytes." The possible exceptions to this are the dermatophytes. The infectiousness that is characteristic of a true parasite is lacking—especially with *Coccidioides immitis*. There are over five hundred cases of Coccidioidal granuloma on record in the State of California since 1894: *None* of these cases has been traced to a preëxisting infection. The ability of *Coccidioides immitis* to exist and to multiply in the inanimate world is fully developed, and this fungus may be found in the soil of the regions where the disease is most prevalent.¹ *Coccidioides* grows and flourishes on grass, potatoes, carrots, cactus, and on pieces of decayed wood. Such an organism must be widespread and

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

* From the Departments of Medicine and Dermatology, University of California Hospital, University of California, San Francisco.

Read before the General Medicine Section of the California Medical Association at the sixty-seventh annual session, Pasadena, May 9-12, 1938.

‡ The writer wishes to express his appreciation for the help and suggestions given him by Dr. W. J. Kerr, professor of medicine, University of California Hospital, San Francisco, and by Dr. K. F. Meyer, director of the George Williams Hooper Foundation for Medical Research, University of California, San Francisco.

¹ Stewart and Meyer: Proc. Soc. Exper. Biol. and Med., 29:937, 1932.